

2018

**South Carolina
Behavioral Risk Factor Surveillance System
Questionnaire**



November 20, 2017

Behavioral Risk Factor Surveillance System 2018 Questionnaire

Table of Contents

| | |
|---|-----------|
| Table of Contents | 2 |
| Interviewer's Script Landline | 3 |
| Adult Random Selection | 5 |
| Interviewer's Script Cell Phone | 7 |
| Core Sections | 11 |
| Section 1: Health Status | 11 |
| Section 2: Healthy Days — Health-Related Quality of Life | 11 |
| Section 3: Health Care Access | 12 |
| Section 4: Exercise | 14 |
| Section 5: Inadequate Sleep | 14 |
| Section 6: Chronic Health Conditions | 14 |
| Module 2: Diabetes | 18 |
| State-added 1: Diabetes Risk Assessment | 20 |
| Module 1: Pre-Diabetes | 21 |
| State-added 2: Hypertension awareness | 21 |
| Section 7: Oral Health | 22 |
| Section 8: Demographics | 23 |
| Section 9: Tobacco Use | 31 |
| Section 10: Alcohol Consumption | 33 |
| Section 11: Immunization | 34 |
| Section 12: Falls | 35 |
| Section 13: Seat Belt Use and Drinking and Driving | 36 |
| Section 14: Breast and Cervical Cancer Screening | 37 |
| Section 15: Prostate Cancer Screening | 39 |
| Section 16: Colorectal Cancer Screening | 40 |
| Section 17: HIV/AIDS | 42 |
| Optional Modules | 44 |
| Module 7: Marijuana Use | 44 |
| Module 20: Industry and Occupation | 45 |
| State-added 3: Disability | 46 |
| State-added 4: Adverse Childhood Experiences | 47 |
| Module 22: Sexual Orientation and Gender Identity | 50 |
| State-added 5: Recovery from Substance Use | 52 |
| State-added 6: Opioid Use | 53 |
| Module 23: Random Child Selection | 57 |
| State-added 7: Children's Health Assessment Survey Script | 61 |
| Closing statement | 63 |

Interviewer's Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

LL.1 Is this (phone number) ?

1. Yes
2. No

[CATI /INTERVIEWER NOTE: IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. CATI NOTE: STOP OR REDIAL]

PVTRES

LL.2 Is this a private residence?

READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]
3. **No**, Business phone only

[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME.STOP]

College Housing

LL.3 Do you live in college housing?

Read only if necessary: **By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.**

1. Yes [GO TO STATE OF RESIDENCE]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

LL4. Do you currently live in _____(state)_____?

1. Yes [GO TO CELLULAR]
2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [] STATE AT THIS TIME. STOP]

Cellular Phone

LL.5 Is this a cell telephone?

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).

READ ONLY IF NECESSARY: BY CELL (OR CELLULAR) TELEPHONE WE MEAN A TELEPHONE THAT IS MOBILE AND USABLE OUTSIDE OF YOUR NEIGHBORHOOD.

- 1 Yes**
- 2 No**

[CATI/INTERVIEWER NOTE: IF YES: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]

[CATI NOTE: IF COLLEGE HOUSING = YES, CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

Adult

LL.6 Are you 18 years of age or older?

- 1 Yes, respondent is male [GO TO NEXT SECTION]**
- 2 Yes, respondent is female [GO TO NEXT SECTION]**
- 3 No**

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

LL.7 ___ Number of adults
If 1: Are you the adult?

If yes,:

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

[GO TO THE CORRECT RESPONDENT]

[CATI/INTERVIEWER NOTE: IF NO,: IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]?]

[GO TO CORRECT RESPONDENT BEFORE SECTION 1]

LL.8 How many of these adults are men?

___ Number of men

So the number of women in the household is ___

___ Number of women

Is that correct?

INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.

The person in your household that I need to speak with is _____.

If you, [GO TO CORRECT RESPONDENT BEFORE SECTION 1]



Interviewer's Script Cell Phone

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CP.1 Is this a safe time to talk with you?

1. Yes **[GOTO PHONE]**
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CP.2 Is this (phone number) ?

1. Yes [GO TO CELLULAR PHONE]

2. No INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER
[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT I SEEM TO
HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY
BE CALLED AT A LATER TIME. STOP]

Cellular Phone

CP.3 Is this a cell telephone?

Read only if necessary: **By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood.**

1. Yes [GO TO ADULT]

2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE
ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

Adult

CP.4 Are you 18 years of age or older?

1. Yes, respondent is male [GO TO PRIVATE RESIDENCE]

2. Yes, respondent is female [GO TO PRIVATE RESIDENCE]

3 No

[CATI/INTERVIEWER NOTE: IF NO, THANK YOU VERY MUCH, BUT WE ARE ONLY
INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS
SECTION.

Private Residence

CP.5 Do you live in a private residence?

Read only if necessary: **By private residence, we mean someplace like a house or apartment.**

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]

College Housing

CP.6 Do you live in college housing?

Read only if necessary: **By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.**

1. Yes [GO TO STATE OF RESIDENCE]
2. No

State of Residence

CP.7 Do you currently live in _____ (state)_____?

1. Yes [GO TO LANDLINE]
2. No [GO TO STATE]

State

CP.8 In what state do you currently live?

_____ ENTER FIPS STATE

Landline

CP. 9 Do you also have a landline telephone in your home that is used to make and receive calls?

Read only if necessary: **By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.**

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).

1. Yes
2. No

**[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = YES, DO NOT ASK
NUMBER OF ADULTS QUESTIONS, GO TO CORE.]**

NUMADULT

CP.10 How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

99 Refused

**[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = YES THEN NUMBER OF ADULTS
IS AUTOMATICALLY SET TO 1.]**

| |
|---|
| <p>NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.</p> |
|---|

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

— — Number of days
88 None

- 77 Don't know / Not sure
- 99 Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- — Number of days
- 88 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 77 Don't know / Not sure
- 99 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- — Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

- 1 Yes **[If using Health Care Access (HCA) Module go to Module 3, Q1, else continue]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?

If No, ask: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If using HCA Module, go to Module 3, Q3, else continue.

3.4 About how long has it been since you last visited a doctor for a routine checkup?

INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.

READ IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

CATI NOTE: If using HCA Module and Q3.1 = 1 go to Module 3 Question 4 or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 3, Question 4a, or if not using HCA Module go to next section.

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A REGULAR JOB OR IS RETIRED, THEY MAY COUNT ANY PHYSICAL ACTIVITY OR EXERCISE THEY DO

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 5: Inadequate Sleep

5.1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.2 (Ever told) you had angina or coronary heart disease?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.3 (Ever told) you had a stroke?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.4 (Ever told) you had asthma?

- 1 Yes
- 2 No [Go to Q6.6]
- 7 Don't know / Not sure [Go to Q6.6]
- 9 Refused [Go to Q6.6]

6.5 Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.6 (Ever told) you had skin cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.7 (Ever told) you had any other types of cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.8 (Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.11 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.12 (Ever told) you have diabetes?

INTERVIEWER NOTE: IF YES AND RESPONDENT IS FEMALE, ASK: WAS THIS ONLY WHEN YOU WERE PREGNANT? IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

6.13 How old were you when you were told you have diabetes?

- Code age in years [97 = 97 and older]
- 98 Don't know / Not sure
- 99 Refused

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Module 2: Diabetes

CATI note: To be asked following Core Q6.13; if response to Q6.12 is Yes (code = 1)

1. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

2. About how often do you check your blood for glucose or sugar?

INTERVIEWER NOTE: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

3. Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 555 No feet
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

__ __ Number of times [76 = 76 or more]
 88 None
 77 Don't know / Not sure
 99 Refused

5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

Interviewer note: A test for A one C measures the average level of blood sugar over the past three months.

__ __ Number of times [76 = 76 or more]
 88 None
 98 Never heard of A one C test
 77 Don't know / Not sure
 99 Refused

CATI note: If Q3 = 555 (No feet), go to Q7.

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

__ __ Number of times [76 = 76 or more]
 88 None
 77 Don't know / Not sure
 99 Refused

7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

Read only if necessary:

1 Within the past month (anytime less than 1 month ago)
 2 Within the past year (1 month but less than 12 months ago)
 3 Within the past 2 years (1 year but less than 2 years ago)
 4 2 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

- 8.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

DO NOT READ:

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 9.** Have you ever taken a course or class in how to manage your diabetes yourself?

DO NOT READ:

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-added 1: Diabetes Risk Assessment

SC 1.1 Which of the following family members, if any, have been told by a doctor that they have diabetes? Include only blood relatives Do not include adoptive or those related only by marriage.

(901-904)

SELECT ALL THAT APPLY:

- 1 Mother
- 2 Father
- 3 Brothers [Interviewer instruction: include half brother]
- 4 Sisters [Interviewer instruction: include half sister]
- 5 No one

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding Yes (code = 1) to Core Q6.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 Yes (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If Yes and respondent is female, ask: Was this only when you were pregnant?

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

State-added 2: Hypertension awareness

SC 2.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

(905)

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes

- 2 Yes, but female told only during pregnancy [GO TO NEXT SECTION]
- 3 No [GO TO NEXT SECTION]
- 4 Told borderline high or pre-hypertensive [GO TO NEXT SECTION]
- 7 Don't know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

SC 2.2 Are you currently taking medicine for your high blood pressure?

(906)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Oral Health

7.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

7.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

INTERVIEWER NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

READ IF NECESSARY:

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

Section 8: Demographics

8.1 What is your sex?

Read:

- 1 Male
- 2 Female

Do not read:

- 9 Refused

8.2 What is your age?

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

8.3 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

INTERVIEWER NOTE: *One or more categories may be selected.*

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

5 No
7 Don't know / Not sure
9 Refused

8.4 Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

50 Pacific Islander

51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

Do not read:

60 Other

- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CATI NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.

8.5 Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

8.6

Are you...?

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

8.7

What is the highest grade or year of school you completed?

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

8.8

Do you own or rent your home?

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

8.9 In what county do you currently live?

_ _ _ ANSI County Code (formerly FIPS county code)
 7 7 7 Don't know / Not sure
 9 9 9 Refused

8.10 What is the ZIP Code where you currently live?

_ _ _ _ _ ZIP Code
 7 7 7 7 7 Don't know / Not sure
 9 9 9 9 9 Refused

CATI NOTE: If cellular telephone interview skip to 8.14 (QSTVER GE 20)

8.11 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

1 Yes
 2 No [Go to Q8.13]
 7 Don't know / Not sure [Go to Q8.13]
 9 Refused [Go to Q8.13]

8.12 How many of these telephone numbers are residential numbers?

_ Residential telephone numbers [6 = 6 or more]
 7 Don't know / Not sure
 9 Refused

8.13 How many cell phones do you have for personal use?

INTERVIEWER NOTE: INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.

___ Enter number (1-5)

- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 9 Refused

8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure
- 9 Refused

8.15 Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE, SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

9 Refused

8.16 How many children less than 18 years of age live in your household?

— — Number of children
8 8 None
9 9 Refused

8.17 Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

0 4 Less than \$25,000 **If no, ask 05; if yes, ask 03**
 (\$20,000 to less than \$25,000)

0 3 Less than \$20,000 **If no, code 04; if yes, ask 02**
 (\$15,000 to less than \$20,000)

0 2 Less than \$15,000 **If no, code 03; if yes, ask 01**
 (\$10,000 to less than \$15,000)

0 1 Less than \$10,000 **If no, code 02**

0 5 Less than \$35,000 **If no, ask 06**
 (\$25,000 to less than \$35,000)

0 6 Less than \$50,000 **If no, ask 07**
 (\$35,000 to less than \$50,000)

0 7 Less than \$75,000 **If no, code 08**
 (\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure
9 9 Refused

8.18 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put 9 in column XXX.

Round fractions up

_ _ _ _ Weight
 (pounds/kilograms)
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

8.19 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put 9 in column XXX.

Round fractions down

_ _ / _ _ Height
 (f t / inches/meters/centimeters)
 77/ 77 Don't know / Not sure
 99/ 99 Refused

If male, go to 8.21, if female respondent is 45 years old or older, go to Q8.21

8.20 To your knowledge, are you now pregnant?

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

8.21 Are you deaf or do you have serious difficulty hearing?

1 Yes
 2 No
 7 Don't know / Not Sure
 9 Refused

8.22 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

8.23 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.24 Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.25 Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.26 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS) OR MARIJUANA.

NOTE: 5 packs = 100 cigarettes

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | |
| 2 | No | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

9.2 Do you now smoke cigarettes every day, some days, or not at all?

DO NOT READ

- | | | |
|---|-----------------------|--------------|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [Go to Q9.4] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | [Go to Q9.5] |
| 2 | No | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

READ IF NECESSARY:

- | | |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago) |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago) |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago) |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago) |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago) |

- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

INTERVIEWER NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

DO NOT READ

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 888 No drinks in past 30 days **[Go to next section]**
- 777 Don't know / Not sure **[Go to next section]**
- 999 Refused **[Go to next section]**

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

__ Number of drinks
 77 Don't know / Not sure
 99 Refused

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?

__ Number of times
 88 None
 77 Don't know / Not sure
 99 Refused

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

__ Number of drinks
 77 Don't know / Not sure
 99 Refused

Section 11: Immunization

11.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes
 2 No [Go to Q11.4]
 7 Don't know / Not sure [Go to Q11.4]
 9 Refused [Go to Q11.4]

11.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

__ / __-__-__ Month / Year
 77 / 7777 Don't know / Not sure
 99 / 9999 Refused

11.3 At what kind of place did you get your last flu shot or vaccine?

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

Do not read:

- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure (**Probe: How would you describe the place where you went to get your most recent flu vaccine?**)
- 99 Refused

11.4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Falls

If respondent is 45 years or older continue, otherwise go to next section.

12.1 In the past 12 months, how many times have you fallen?

- __ Number of times [76 = 76 or more]
- 8 8 None [Go to next section]

- 7 7 Don't know / Not sure [Go to next section]
9 9 Refused [Go to next section]

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.2 [Fill in Did this fall (from Q12.1) cause an injury?]. If only one fall from Q12.1 and response is Yes (caused an injury); code 01. If response is No, code 88.

How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

INTERVIEWER NOTE: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- — Number of falls [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Section 13: Seat Belt Use and Drinking and Driving

13.1 How often do you use seat belts when you drive or ride in a car? Would you say—

Please read:

- 1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

Do not read:

- 7 Don't know / Not sure
8 Never drive or ride in a car
9 Refused

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to next section; otherwise continue.

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

13.2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- __ __ Number of times
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 14: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

14.1 Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

- 1 Yes
- 2 No [Go to Q14.3]
- 7 Don't know / Not sure [Go to Q14.3]
- 9 Refused [Go to Q14.3]

14.2 How long has it been since you had your last mammogram?

READ IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

14.3 Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q14.5] |
| 7 | Don't know / Not sure | [Go to Q14.5] |
| 9 | Refused | [Go to Q14.5] |

14.4 How long has it been since you had your last Pap test?

READ IF NECESSARY:

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |
| 7 | Don't know / Not sure |
| 9 | Refused |

14.5 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q14.7] |
| 7 | Don't know/Not sure | [Go to Q14.7] |
| 9 | Refused | [Go to Q14.7] |

14.6 How long has it been since you had your last H.P.V. test?

READ IF NECESSARY:

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |
| 7 | Don't know / Not sure |
| 9 | Refused |

CATI NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.

14.7 Have you had a hysterectomy?

INTERVIEWER NOTE: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 15: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

15.1 Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

INTERVIEWER NOTE: A PROSTATE-SPECIFIC ANTIGEN TEST, ALSO CALLED A P.S.A. TEST, IS A BLOOD TEST USED TO CHECK MEN FOR PROSTATE CANCER.

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.2 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.3 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.4. Have you ever had a P.S.A. test?

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't Know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

15.5. How long has it been since you had your last P.S.A. test?

Read only if necessary:

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years) |
| 3 | Within the past 3 years (2 years but less than 3 years) |
| 4 | Within the past 5 years (3 years but less than 5 years) |
| 5 | 5 or more years ago |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

15.6. What was the main reason you had this P.S.A. test – was it ...?

Please read:

- | | |
|---|--|
| 1 | Part of a routine exam |
| 2 | Because of a prostate problem |
| 3 | Because of a family history of prostate cancer |
| 4 | Because you were told you had prostate cancer |
| 5 | Some other reason |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 16: Colorectal Cancer Screening

CATI note: If respondent is \leq 49 years of age, go to next section.

16.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q16.3] |
| 7 | Don't know / Not sure | [Go to Q16.3] |
| 9 | Refused | [Go to Q16.3] |

16.2 How long has it been since you had your last blood stool test using a home kit?

Read only if necessary:

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

16.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

16.4 For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your most recent exam a sigmoidoscopy or a colonoscopy?

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

16.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 17: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

17.1 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV?

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2 Not including blood donations, in what month and year was your last HIV test?

NOTE: If response is before January 1985, code Don't know.

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

| | |
|----------|-----------------------|
| __/____ | Code month and year |
| 77/ 7777 | Don't know / Not sure |
| 99/ 9999 | Refused / Not sure |

17.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.

You have been treated for a sexually transmitted disease or STD in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Optional Modules

Module 7: Marijuana Use

1. During the past 30 days, on how many days did you use marijuana or cannabis?

| | | |
|-----|----------------------|---------------------|
| — — | 01-30 Number of Days | |
| 88 | None | [Go to next module] |
| 77 | Don't know/not sure | [Go to next module] |
| 99 | Refused | [Go to next module] |

2. **[CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]**. During the past 30 days, which of the following ways did you use marijuana the most often? Did you usually...

Read:

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)
- 3 Drink it (for example, in tea, cola, or alcohol)
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates), or
- 6 Use it some other way.

Do not read:

- 7 Don't know/not sure
- 9 Refused

3. **[CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]**. When you used marijuana or cannabis during the past 30 days, was it usually:

Read:

- 1 For medical reasons (like to treat or decrease symptoms of a health condition);
- 2 For non-medical reasons (like to have fun or fit in), or
- 3 For both medical and non-medical reasons;

Do not read:

- 7 Don't know/Not sure

9 Refused

Module 20: Industry and Occupation

If Core Q8.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

1. What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title?

INTERVIEWER NOTE: If respondent has more than one job ask: What is your main job?

[Record answer] _____
99 Refused

Or

If Core Q8.15 = 4 (Out of work for less than 1 year) ask,

What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask: What was your job title?

INTERVIEWER NOTE: If respondent has more than one job ask: What was your main job?

[Record answer] _____
99 Refused

If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

2. What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
99 Refused

Or

If Core Q8.15 = 4 (Out of work for less than 1 year) ask,

What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
99 Refused

State-added 3: Disability

CATI NOTE: Only ask if 8.21 = 1, 8.22 = 1, 8.23 = 1, 8.24 = 1, 8.25 = 1, or 8.26 = 1

SC 3.1 Do problems with physical access to buildings or medical equipment – such as height adjustable exam tables, wheelchair accessible scales or mammography machines – limit your access to health care services? (If needed, CATI: Health care services may include going to a doctor, dentist, emergency room, hospital or mental health services).

(907)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

INTERVIEWER INSTRUCTIONS: PLEASE READ: “The next question is about your involvement in health or wellness programs. These programs include topics such as weight loss, tobacco cessation, and stress education. They do not include alcohol or drug treatment programs.”

SC 3.2 In the past 12 months, have you participated in any health or wellness programs designed for the general population? (908)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

SC 3.3 In the past 12 months, have your participated in any health and wellness programs designed specifically for people with disabilities? (909)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

State-added 4: Adverse Childhood Experiences

INTERVIEWER INSTRUCTIONS: PLEASE READ: "I'd like to ask some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is potentially a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—"

SC 4.1 How often were you hungry because your family could not afford food?
Would you say never, rarely, sometimes, often, or very often?

(NOTE: OK TO PROBE. It's OK to use general encouragements if Rs have trouble choosing a category, like "your best guess is fine", "I can only enter one answer – which of those would you say comes closest to your experience?", or reassuring reluctant Rs about confidentiality.)

(910)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often
- 7 Don't know/not sure
- 9 Refused

SC 4.2 How often were you homeless when you were growing up? By "homeless" we mean that your family could not afford a place to live. Would you say never, rarely, sometimes, often, or very often?

(NOTE: OK TO PROBE. THIS MEANS HAVING TO STAY SOMEWHERE LIKE A TRANSITIONAL HOUSING PROGRAM, A SHELTER, A HOTEL OR MOTEL PAID BY VOUCHER, SOMEONE ELSE'S HOME, A CAR OR OTHER VEHICLE, AN ABANDONED BUILDING, ANYWHERE OUTSIDE, OR ANYWHERE ELSE NOT MEANT FOR PEOPLE TO LIVE.) (NOTE: R SHOULD REPORT ONLY ON PLACES WHERE THEY HAD TO STAY WHILE HOMELESS, NOT WHILE VACATIONING, CAMPING, OR VISITING RELATIVES.)

(911)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often

- 7 Don't know/not sure
- 9 Refused

SC 4.3 How often did you visit a dentist? Would you say at least once every two years, at least once every five years, less often than that, or never?

(NOTE: OK TO PROBE. IF FREQUENCY VARIED, ASK R TO GIVE A ROUGH AVERAGE.)

(912)

- 1 At least once every two years
- 2 At least once every five years
- 3 Less often than that
- 8 Never

- 7 Don't know/not sure
- 9 Refused

SC 4.4 For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

(NOTE: OK TO PROBE. THIS COULD BE ANY ADULT IN THE HOUSEHOLD, NOT JUST A PARENT.)

(913)

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

- 7 Don't know/not sure
- 9 Refused

SC 4.5 Did your mother graduate from high school?

(NOTE: OK TO PROBE. IF PARENT HAD GED, ENTER "YES". ONLY ENTER "YES" IF THE PARENT'S GRADUATION/GED OCCURRED BEFORE R'S 18TH BIRTHDAY.) (NOTE: IF R'S PARENTAL SITUATION IS COMPLICATED, SAY "the person you considered your mother when you were growing up".)

(914)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

SC 4.6 Did your father graduate from high school?

(NOTE: OK TO PROBE. IF PARENT HAD GED, ENTER "YES". ONLY ENTER "YES" IF THE PARENT'S GRADUATION/GED OCCURRED BEFORE R'S 18TH BIRTHDAY.) (NOTE: IF R'S PARENTAL SITUATION IS COMPLICATED, SAY "the person you considered your father when you were growing up".)

(915)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

SC 4.7 For how much of your childhood did you live in a single-parent household? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

(NOTE: OK TO PROBE. It's OK to use general encouragements if R's have trouble choosing a category, like "your best guess is fine", "I can only enter one answer – which of those would you say comes closest to your experience?", or reassuring reluctant Rs about confidentiality.)

(916)

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time
- 7 Don't know/not sure
- 9 Refused

SC 4.8 For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

(NOTE: OK TO PROBE. THIS COULD BE ANY ADULT IN THE HOUSEHOLD, NOT JUST A PARENT. BASIC NEEDS ARE FOOD, CLOTHING, HOUSING, & MEDICAL CARE.)

(917)

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time
- 7 Don't know/not sure
- 9 Refused

Module 22: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

If 8.1 SEX = 1, then ask:

1a. Which of the following best represents how you think of yourself?

- 1 Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 7 I don't know the answer
- 9 Refused

If 8.1 SEX = 2, then ask:

1b. Which of the following best represents how you think of yourself?

- 1 Lesbian or Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 7 I don't know the answer
- 9 Refused

2. Do you consider yourself to be transgender?

If yes, ask Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

- 7 Don't know/not sure
- 9 Refused

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

State-added 5: Recovery from Substance Use

INTERVIEWER INSTRUCTIONS: PLEASE READ: “The following questions will allow us to better understand recovery and treatment and may help others in the future. Please keep in mind that all responses are anonymous and you can ask me to skip any question you do not want to answer.”

SC 5.1 Do you currently have a problem with alcohol or drugs? (918)

- 1 Yes [STOP - go to next section]
- 2 No
- 7 Don't know/not sure
- 9 Refused

SC 5.2 In your lifetime, have you ever had a problem with alcohol or drugs? (919)

- 1 Yes
- 2 No [STOP - go to next section]
- 7 Don't know/not sure
- 9 Refused

INTERVIEWER NOTE: IF RESPONDENT REQUESTS INFORMATION ABOUT SUBSTANCE USE TREATMENT/RECOVERY, PLEASE READ: “For information about treatment for substance use disorders, please call the South Carolina Department of Alcohol and Other Drug Abuse Services at 803-896-5555 or visit its website at www.daodas.sc.gov.” **IF NECESSARY, READ:** “Open Monday through Friday, 8:30 a.m. to 5:00 p.m., the Department of Alcohol and Other Drug Abuse Services coordinates a statewide system of services for individuals and family members facing substance use disorders.”

SC 5.3 What resources helped you resolve your problem with alcohol or drugs?
(920-939)

Select all that apply:

- 1 Outpatient treatment, including intensive outpatient
- 2 Inpatient and residential treatment
- 3 Medication
- 4 Recovery support services, such as recovery coaching
- 5 12-Step fellowship
- 6 Natural supports- friends, family, mentor, person in recovery from substance use disorder
- 7 None—I stopped on my own
- 8 Other

- 77 Don't know/not sure
- 99 Refused

State-added 6: Opioid Use

SC6.1 In the past year, did you use any pain medications that were prescribed to you by a doctor?
(980)

- 1. Yes
- 2. No (include “not prescribed” and “prescribed but did not use”) [skip to SC6.8]
- 7. Don't know / Not Sure [skip to SC6.8]
- 9. Refused [skip to SC6.8]

SC 6.2 In the past year, what prescription pain medications were prescribed to you by a doctor?
(981)

(Interviewer, DO NOT READ RESPONSES, Record all) – “Anything else?”

- | | |
|-------------------------|---|
| 1. Butorphanol Tartrate | 28. Oxycodone |
| 2. Carisoprodol | 29. Oxycontin |
| 3. Celebrex | 30. Pentazocine |
| 4. Codeine | 31. Percocet |
| 5. Darvocet | 32. Percodan |
| 6. Darvon | 33. Propoxyphene |
| 7. Demerol | 34. Roxicet |
| 8. Dilaudid | 35. Soma |
| 9. Duragesic | 36. Stadol |
| 10. Embeda | 37. Suboxone |
| 11. Fentanyl | 38. Subutex |
| 12. Fentora | 39. Toradol |
| 13. gabapentin | 40. Tramadol |
| 14. Hydrocodone | 41. Tylenol with codeine (Tylenol #3) |
| 15. Hydromorphone | 42. Tylox |
| 16. Ibuprofen / Motrin | 43. Ultram (Ultram ER) |
| 17. Kadian | 44. Ultracet |
| 18. Levorphanol | 45. Vicodin |
| 19. Lortab | 46. Other (specify_____) {28 character limit} |
| 20. Lorcet | 77. Don't know / not sure [skip to SC6.8] |
| 21. Meperidine | 99. Refused [skip to SC6.8] |
| 22. Methadone | |
| 23. Morphine | |
| 24. Naproxen | |
| 25. Narcan | |
| 26. Neurontin | |
| 27. Opium Tincture | |

SC6.3 The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

(1011)

1. Yes
2. No [skip to SC6.5]
7. Don't know / Not sure [skip to SC6.5]
9. Refused [skip to SC6.5]

SC6.4 We want to understand why people use prescription medication other than prescribed. What were the reasons you used the medication differently than prescribed?

(1012)

[INTERVIEWER NOTE: READ RESPONSES, IF NECESSARY; SELECT ALL THAT APPLY]

[AFTER RESPONSE(S) GIVEN, ASK: "Anything else?"]

1. Pain relief, prescribed dose did not relieve pain
2. To relieve other physical symptoms
3. To relieve anxiety or depression
4. For fun, good feeling, getting high, peer pressure (friends were doing it)
5. To prevent or relieve withdrawal symptoms
6. Other (specify_____) **{88 character limit}**
7. Don't know / Not Sure
9. Refuse

SC6.5 The last time you filled a prescription for pain medication was there any medication leftover? (1101)

1. Yes
2. No [skip to SC6.7]
7. Don't know / Not sure [skip to SC6.7]
9. Refused [skip to SC6.7]

SC6.6 What did you do with the leftover prescription pain medication? (1102)
(Interviewer, DO NOT READ RESPONSES)

1. Kept it
2. Disposed of it
3. Gave it to someone else
4. Sold it
5. Other (specify_____) **{28 character limit}**
7. Don't know / Not sure
9. Refused

SC6.7 Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.

Please remember that your answers are strictly confidential and you do not have to answer any question you don't want to.

In the past year, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication NOT medication that is available over the counter. (1131)

(DO NOT READ RESPONSES)

1. Yes
2. No [skip to Module 23]
7. Don't know / Not sure [skip to Module 23]
9. Refused [skip to Module 23]

SC6.8 What were the prescription pain medications you took that were not prescribed specifically to you by a doctor?

(1132-1133)

- | | |
|-------------------------|--|
| 1. Butorphanol Tartrate | 26. Neurontin |
| 2. Carisoprodol | 27. Opium Tincture |
| 3. Celebrex | 28. Oxycodone |
| 4. Codeine | 29. Oxycontin |
| 5. Darvocet | 30. Pentazocine |
| 6. Darvon | 31. Percocet |
| 7. Demerol | 32. Percodan |
| 8. Dilaudid | 33. Propoxyphene |
| 9. Duragesic | 34. Roxicet |
| 10. Embeda | 35. Soma |
| 11. Fentanyl | 36. Stadol |
| 12. Fentora | 37. Suboxone |
| 13. gabapentin | 38. Subutex |
| 14. Hydrocodone | 39. Toradol |
| 15. Hydromorphone | 40. Tramadol |
| 16. Ibuprofen / Motrin | 41. Tylenol with codeine (Tylenol #3) |
| 17. Kadian | 42. Tylox |
| 18. Levorphanol | 43. Ultram (Ultram ER) |
| 19. Lortab | 44. Ultracet |
| 20. Lorcet | 45. Vicodin |
| 21. Meperidine | 46. Other (specify_____) {28 character limit} |
| 22. Methadone | 77. Don't know / not sure (skip to END) |
| 23. Morphine | 99. Refused (skip to END) |
| 24. Naproxen | |
| 25. Narcan | |

SC6.9 We want to understand why people use prescription medication that was not prescribed specifically to them. The last time you used prescription pain medication that was not prescribed to you, what were the reasons?

(1162)

[INTERVIEWER NOTE: READ RESPONSES, IF NECESSARY; SELECT ALL THAT APPLY]

[IF NEEDED, SAY: "I am referring only to medications that are NOT available over the counter."]

[AFTER RESPONSE(S) GIVEN, ASK: "Anything else?"]

1. To relieve pain
2. To relieve other physical symptoms
3. To relieve anxiety or depression
4. For fun, good feeling, getting high, peer pressure (friends were doing it)
5. To prevent or relieve withdrawal symptoms
6. Other (specify_____) **{88 character limit}**
7. Don't know / Not Sure
9. Refused

SC6.10 From whom did you obtain the prescription pain medication? (1251)

(Interviewer can clarify with: "referring to the last time you used prescription pain medication not available over the counter and not prescribed specifically for you".)

READ RESPONSES IF NECESSARY

1. From a friend OR relative
2. From an acquaintance
3. From a street dealer or other person I did not know
4. Online
5. Other
7. don't know/not sure
9. refused

Module 23: Random Child Selection

CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.16 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child. **[Go to Q1]**

If Core Q8.16 is >1 and Core Q8.16 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the Xth **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the Xth **[CATI: please fill in]** child.

1. What is the birth month and year of the **Xth** child?

__/____ Code month and year
 77/ 7777 Don't know / Not sure
 99/ 9999 Refused

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?

1 Boy
 2 Girl
 9 Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED

READ

1 Mexican, Mexican American, Chicano/a
 2 Puerto Rican
 3 Cuban
 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

5 No

- 7 Don't know / Not sure
- 9 Refused

4. Which one or more of the following would you say is the race of the child?

(Select all that apply)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE. OTHERWISE, GO TO Q6.]

5. Which one of these groups would you say best represents the child's race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

Do not read:

60 Other

77 Don't know / Not sure

99 Refused

6. How are you related to the child?

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

State-added 7: Children's Health Assessment Survey Script

CATI NOTE: Only ask if 8.16 = 1 -87

INTERVIEWER NOTE: PLEASE READ: "We are assessing the health of children in South Carolina. The information we collect will help us improve child health services in our state. We would like to call you back within the next two weeks to ask some additional questions about this child."

SC7.1 All of the information we collect will be kept confidential. Would this be OK with you?

NOTE: If needed say, 'the one we've just been talking about.'

(1252)

- 1 Yes
- 2 No [STOP]

SC7.2 Are YOU well-informed about the child's health and able to answer questions about the health and health practices of this child?

(1253)

- 1 Yes
- 2 No

SC7.3 Who would that person be in your household (the person who knows most about the health of the child)?

(1254-1255)

- 01 Biological Mother
- 02 Step Mother
- 03 Adoptive Mother
- 04 Foster Mother
- 05 Biological Father
- 06 Step Father

- 07 Adoptive Father
- 08 Foster Father
- 09 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

SC7.4 Just to make sure that we are talking about the same child when we call you back, please tell me the first name of this child or his initials. (1256-1281)

1-25 [CHILD'S NAME OR INITIALS]

SC7.5 When would be the best time to call your household? Would you say... (1282)

- 1 Daytime
- 2 Evening
- 3 Weekends
- 7 Don't know/not sure
- 9 Refused

SC7.6 How are you related to this child? (1283-1284)

- 01 Biological Mother
- 02 Step Mother
- 03 Adoptive Mother
- 04 Foster Mother
- 05 Biological Father
- 06 Step Father
- 07 Adoptive Father
- 08 Foster Father
- 09 Grandmother
- 10 Grandfather
- 11 Aunt

- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Closing statement

Please read:

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.